



pennsylvania

DEPARTMENT OF HUMAN SERVICES

OCT 01 2018

Ms. Rebecca Dale, RN, ED
Administrator
Tithonus Clearfield LP
6600 Brooktree Court, Ste. 1000
Wexford, Pennsylvania 15090

RE: Colonial Courtyard at Clearfield
1300 Leonard Street
Clearfield, Pennsylvania 16830
Certificate #: 447330

Dear Ms. Dale:

As a result of the Department's Bureau of Human Services Licensing annual inspection on March 15, 2018 and March 21, 2018, of the above facility, the violations with 55 pa. Code Ch. 2800 (relating to Assisted Living Residence) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2800 must be maintained.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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SEP 20 2018

WEST REGION FIELD OFFICE
Human Services Licensing

LICENSING INSPECTION SUMMARY Assisted Living Residences – 55 Pa.Code § 2800

ALR Name: Colonial Courtyard at Clearfield	License Number: 447330
Address: 1300 Leonard St., Clearfield, PA 16830	County: Clearfield
Administrator: Rebecca Dale	
Legal Entity Name: Tithonus Clearfield LP	
Legal Entity Address: 6600 Brooktree Court, Ste. 1000, Wexford, PA 15090	
Certificate(s) of Occupancy: I-1 & I-2; 12/28/15; Lawrence Township	
Type of Inspection: Full	
Reason(s) for Inspection(s): Renewal	
On-Site Inspections Dates and Department Representatives On-Site: 3/15/18, 3/21/18 Lynn Winter, Beth Park	
Off-Site Inspection Dates and Inspectors, if Applicable:	
Resident Demographic Data as of Inspection Dates	
Licensed Capacity: 74	Number of Residents who:
Number of Residents Served: 57	Receive Supplemental Security Income: 0
Secured Dementia Care Unit in Home: 17	Are 60 Years of Age or Older: 57
Area: Life Stories	Have Mental Illness: 0
Secured Unit Capacity, if Applicable	Have an Intellectual Disability: 0
Number of Residents Served in Secured Dementia Care Unit, if applicable: 13	Have a Mobility Need: 25
Number of Current Hospice Residents: 0	Have a Physical Disability: 0
Number of Hospice Residents in past year: 5	

Rebecca Dale, ED
Rebecca Dale, ED 9/20/18

Regulation

2800.3(d) – The assisted living residence shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the assisted living residence.

Violation

On 3/15/18, a copy of the current license inspection summary, dated 10/17/17 and 10/18/17, and a copy of PA code 55, Chapter 2800 were in a locked cabinet on the bulletin board.

Plan of Correction

see attached page 2A

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WEST REGION FIELD OFFICE
Human Services Licensing**Printed Name and Title of Legal Entity Representative (Required on all pages)**

Rebecca Dale, ED

Signature of Legal Entity Representative (Required on all pages)

Rebecca Dale, ED

Date *9-20-18***DEPARTMENT USE ONLY – HOMES MAY NOT WRITE BELOW THIS LINE!**The above plan of correction is approved as of *9/21/18*
(Date)Plan of correction implementation status as of *9/21/18*
(Date)☒ Fully Implemented☐ Partially Implemented – Adequate Progress☐ Partially Implemented – Inadequate Progress
Not ImplementedThe above plan of correction was approved by *BS*
(Initials)

PLAN OF CORRECTION

WEST REGION FIELD OFFICE
Human Services Licensing

Community Name: Colonial Courtyard at Clearfield

License Number: 447330

Date of Visit: 3/15/18 and 3/21/18

Date of Submission: 9/20/18

1. Violation Review: 2800.3 (d) — The assisted living residence shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the assisted living residence.
2. Violation Interpretative Statement: On 3/15/18, a copy of the current license inspection summary, dated 10/17/17 and 10/18/17, and a copy of PA code 55, Chapter 2800 were in a locked cabinet on the bulletin board. While a notice was present indicating how to gain access to the information contained in the locked bulletin board, a key needed to be obtained from staff to access the license inspection and PA code 55, Chapter 2800.
3. Review the benefit of the Regulation, per RCG: Permits residents, families, and visitors to learn about applicable regulations and the regulatory compliance status of the residence and the residence's plan to correct any violations found.
4. Description of the Repair of the Immediate Problem: A copy of the current license inspection and PA code 55, Chapter 2800 were placed in a labeled binder and placed in an accessible open file holder on the wall near the front lobby of the community.
5. Determine / document the Root Cause of the Violation: While a notice was present indicating how to gain access to the information contained in the locked bulletin board, a key needed to be obtained from staff to access the license inspection and PA code 55, Chapter 2800.
6. Detail Action Steps / System Developed to prevent future occurrence: The Executive Director or Designee will be responsible to ensure future updates to the binder occur as needed. Staff will be trained on 9/26/18 that a key is no longer needed to access the license inspection survey or PA code 55, Chapter 2800, and the location of the information for residents or guests to view.

Authorized Signature

Rebecca Dale, MD

Date:

9-20-18

Plan of Correction Template

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SEP 20 2018

WEST REGION FIELD OFFICE
Human Services Licensing

Regulation

2800.65(i) – Training topics for the annual training for direct care staff persons must include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia, cognitive and neurological impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Assisted living service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the residence.

Violation

Staff person A did not receive training in medication self-administration and instruction on meeting the needs of the residents as described in the assessment tool, medical evaluation and support plan during the 2017 training year.

Plan of Correction

See attached page 3A

Printed Name and Title of Legal Entity Representative (Required on all pages)

Rebecca Dale, ED

Signature of Legal Entity Representative (Required on all pages)

Rebecca Dale, ED

Date

9-20-18

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The above plan of correction is approved as of 9/21/18
(Date)

Plan of correction implementation status as of 9/21/18
(Date)

The above plan of correction was approved by BB
(Initials)

- ☐ Fully Implemented
- ☒ Partially Implemented – Adequate Progress
- ☐ Partially Implemented – Inadequate Progress
- ☐ Not Implemented

1. Violation Review: 2800.65 (i) – Training topics for the annual training for direct care staff persons must include the following:
 1. Medication self-administration training
 2. Instruction on meeting the needs of the residents as described in the assessment tool, medical evaluation, and support plan.
 3. Care for residents with dementia, cognitive, and neurological impairments.
 4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition, and dehydration.
 5. Assisted living service needs of the resident.
 6. Safe management techniques.
 7. Care for residents with mental illness or mental retardation or both, if the population is served in the residence.
2. Violation Interpretative Statement: Staff person A did not receive training in medication self-administration and instruction on meeting the needs of the residents as described in the assessment tool, medical evaluation, and support plan during the 2017 training year.
3. Review the benefit of the Regulation, per RCG: Ensures that staff persons receive the necessary training to successfully provide essential resident care services.
4. Description of the Repair of the Immediate Problem: Staff person A received training on medication self-administration and meeting the needs of the residents on 5/23/18.
5. Determine / document the Root Cause of the Violation: Staff person A failed to complete all scheduled and required trainings for the 2017 training year.
6. Detail Action Steps / System Developed to prevent future occurrence: A system will be utilized to ensure staff completion of trainings for the 2018 training year and future training years to include a review of incomplete trainings by the Business Office Assistant or Designee prior to the end of the training year. Department Managers will be responsible to ensure completion of required trainings by their employees. Employees and Managers will be trained on this process on 9/26/18.

Authorized Signature

Rebecca Dale, BDO

Date:

9-20-18

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Regulation

2800.65(j) – Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protect Services Act (35 P.S. §§ 10225.101-10225.708).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the residence that were not previously served, if applicable.

Violation

Staff person A did not have the following training during the 2017 training year:

- Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert
- Emergency preparedness procedures and recognition and response to crises and emergency situations

Plan of Correction

See attached page 4A

Printed Name and Title of Legal Entity Representative (Required on all pages)

Rebecca Dale, ED

Signature of Legal Entity Representative (Required on all pages)

Rebecca Dale, ED

Date

9-20-18

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The above plan of correction is approved as of 9/21/18
(Date)

Plan of correction implementation status as of 9/21/18
(Date)

Fully Implemented

The above plan of correction was approved by BB
(Initials)

☒ Partially Implemented – Adequate Progress

☐ Partially Implemented – Inadequate Progress
☐ Not Implemented

1. Violation Review: 2800.65 (j) – Direct care staff persons, ancillary staff persons, substitute personnel, and regularly scheduled volunteers shall be trained annually in the following areas:
 1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
 2. Emergency preparedness procedures and recognition and response to crisis and emergency situations.
 3. Resident Rights.
 4. The Older Adult Protective Services Act (35 P.S. 10225.101-10225.708).
 5. Falls and accident prevention.
 6. New population groups that are being served at the residence that were not previously served, if applicable.
2. Violation Interpretative Statement: Staff person A did not receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert and emergency preparedness procedures and recognition and response to crises and emergency situations during the 2017 training year.
3. Review the benefit of the Regulation, per RCG: Ensures that all staff who work in the residence are reminded of the residence's emergency procedures and mandated reporting requirements.
4. Description of the Repair of the Immediate Problem: Staff person A received training on fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert and emergency preparedness procedures and recognition and response to crises and emergency situations on 6/22/18.
5. Determine / document the Root Cause of the Violation: Staff person A failed to complete all scheduled and required trainings for the 2017 training year.
6. Detail Action Steps / System Developed to prevent future occurrence: A system will be utilized to ensure staff completion of trainings for the 2018 training year and future training years to include a review of incomplete trainings by the Business Office Assistant or Designee prior to the end of the training year. Department Managers will be responsible to ensure completion of required trainings by their employees. Employees and Managers will be trained on this process on 9/26/18.

Authorized Signature

Rebecca Dale, BD

Date: 9-20-18

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SEP 20 2018

Regulation

2800.144 (c) Use of tobacco

WEST REGION FIELD OFFICE
Human Services Licensing

A residence that permits smoking inside or outside of the residence shall develop and implement written fire safety policy and procedures that include the following:

- (1) Proper safeguards inside and outside of the residence to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the residence, extinguishing procedures, fire resistant furniture both inside and outside of the residence and fire extinguishers in the smoking rooms.
- (2) Location of a smoking room or outside smoking area a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.
- (3) Prohibition of the use of tobacco during transportation by the residence

Violation

On 3/15/18 at 10:10 AM, there were broken down cardboard boxes on 2 plastic chairs in the designated smoking area outside the back door.

Plan of Correction

See attached page 5A

Printed Name and Title of Legal Entity Representative (Required on all pages)

Rebecca Dale, ED

Signature of Legal Entity Representative (Required on all pages)

Rebecca Dale, ED

Date *9-20-18*

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(Date)

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(Date)

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(Initials)

- ☒ Fully Implemented
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Page 5 of 5
SEP 20 2018

WEST REGION FIELD OFFICE
Human Services Licensing

1. Violation Review: 2800.144 (c) – Use of tobacco.

A residence that permits smoking inside or outside of the residence shall develop and implement written fire safety policy and procedures that include the following:

- (1) Proper safeguards inside and outside of the residence to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the residence, extinguishing procedures, fire resistant furniture both inside and outside of the residence and fire extinguishers in the smoking rooms.
- (2) Location of a smoking room or outside smoking area a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.
- (3) Prohibition of the use of tobacco during transportation by the residence.

2. Violation Interpretative Statement: On 3/15/18 at 10:10am, there were broken down cardboard boxes on 2 plastic chairs in the designated smoking area outside the back door.

3. Review the benefit of the Regulation, per RCG: Greatly reduces the risk of fire associated with unsafe smoking and ensures that both residents and staff know what must be done in the event of a fire.

4. Description of the Repair of the Immediate Problem: The cardboard was immediately removed from the chairs at the designated smoking area outside the back door.

5. Determine / document the Root Cause of the Violation: Combustible materials were present in an employee smoking area.

6. Detail Action Steps / System Developed to prevent future occurrence: The employee smoking area outside the back door has been eliminated. Employees were notified of this change in writing and this change will be reviewed again on 9/26/18.

Authorized Signature

Rebecca Dale, BO

Date:

9-20-18

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